chronic alcoholic, died in left-sided status epilepticus. At that autopsy there were various lesions of the body, but the brain was microscopically normal. The third case, a chronic epileptic, 38 years of age, had 306 attacks, involving only the left side of the body. At the autopsy an area of softening was found on the basilar surface of the right frontal lobe. Elsewhere the brain appeared to be normal. The fourth case, a boy of 19, had symptoms of acute meningitis, then left-sided epileptic attacks and death. There was a diffuse chronic meningitis in the base of the brain, but no alteration in the substance of the brain. The fifth case, a woman of 37, had epileptic attacks limited to the left side; there was a history of injury to the brain. There was high fever, cyanosis, and loss of pupillary reaction. The ophthalmic examination indicated disturbance of the optic nerves. At the autopsy nothing abnormal was found, either in the brain or body, and a microscopical examination of the former organ was negative also. The sixth case, a girl of 18, had albuminuria, and right-sided epileptic attacks. The brain was normal; the kidneys only slightly affected. There was hypoplasia of the aorta. The seventh case, a man of 37, in the course of diabetes mellitus developed typical Jacksonian epilepsy. At the autopsy the brain was normal, but there were changes in some of the abdominal organs. The eighth case, a boy of 6, had general epileptic attacks at the age of 4 years. Two years later he suffered from epileptic attacks, limited at first to the right side, then to the left side of the body, profound coma, gnashing of the teeth and trismus. Later he developed measles, and made a complete recovery. It seems wisest, in the absence of more definite knowledge, to regard these cases as atypical forms of general epilepsy.

3. *Algesimeter.*—Thunberg describes this algesimeter, which consists essentially of a lever, to one end of which a needle is attached, and to the other end a weighted screw, by which it can be brought into a state of equilibrium. The arm to which the needle is attached is divided into ten parts. The instrument is brought into a state of equilibrium and then weights hung upon the arm. The position and size of the weight determines the amount of pressure exerted. This pressure is increased until the patient experiences pain. The paper is concluded with a valuable critical description of the various instruments hitherto divised for the purpose of measuring sensation.

4. *Hypophysis Cerebri Without Akromegaly.*—Kollarits tabulates a series of cases in which there was tumor of the hypophysis cerebri, without akromegaly. Among these he includes two cases of his own. Usually these tumors occur in young persons, but Kollarits is of the opinion that a careful consideration of the cases suggests that tumor of the hypophysis is merely one of the symptoms, and not the cause of akromegaly.

J. Sailer (Philadelphia).

Miscellany

Tabes Dorsalis and Psychosis. M. Bornstein (Monatsschrift für Psychiatrie and Neurologie. Vol. 17, 1905).

Many authors claim that the psychical manifestations of tabes are purely of a paretic nature. Bornstein discussed the many difficulties one experiences in making a differential diagnosis between general paralysis and other mental disorders. The author makes abundant reference to the literature of tabes and psychosis, and among others he quotes the following important neurologists and psychiatrists. Cassirer differentiates between the elementary psychopathic symptoms of tabes from a fully developed psychopathic state. The tabetics as a rule manifest extraordinary quietness, even striking cheerfulness, which they exhibit in spite of the pain they endure. Other authors are more reticent in generalizing their observations. Leyden and Goldscheider assert that the emotional tone in the tabetic is variable, as characteristic of all chronic diseases. Cassirer maintains that the patients who suffer from tabes are cheerful, but other authors disagree with him, and claim that the mood is changeable; at times they are elated, but oftentimes they are markedly depressed, even suicidal, suffer with insomnia and become very nervous. However, in many cases no such symptoms develop except an ordinary hypochondria. Simon alleges that all tabetics present a peculiar mental symptom complex, which he termed "Tabetic Dementia." Further study of Simon's patients showed that the so-called tabetic dementias were nothing but ordinary cases of paresis. Nageotte studied three cases of tabes which were devoid of mental symptoms, but post-mortem examination disclosed a distinct pathological process corresponding to that found in general paralysis. In regard to the real psychosis in tabetics, Bornstein states that in almost all cases of tabes, hallucinations of all senses play an important rôle in the clinical picture. Kirsch and Pierret and their pupils regard such a psychosis typical of tabes. According to Pierret, the fundamental symptom in such a mental derangement is melancholia, which is founded on a somatic basis. From such a state, sensory disturbances become marked and exaggerated by patients. For instance, pain may be interpreted as an imaginary foe and reduction of vision gives rise to optical false perceptions. Nageotte, Moebius and others disagree with Pierret. But Moebius, however, admits that tabes dorsalis and paranoia may occur in the same individual. Otto Meyer has made a study of 56 undoubted cases of tabes with various mental aberrations. He groups his cases as follows: Paranoia (chronic hallucinatory), 21 times; depressive psychosis (melancholia and hypochondria), 14 times; circular psychosis, 4 times; acute hallucinatory confusion (amentia), 2 times; maniacal excitement, 1 time; secondary dementia (after paranoia), 1 time; paranoia dementia præcox (Kraepelin), 1 time; primary dementia, 3 times; psychosis with hallucinations of restless character, 3 times; severe periodical excitements, 1 time; excitement in defective mental development, 2 times; dementia præcox, 1 time.

Schultze described two cases of tabes, one of which was melancholic, and the other a paranoic. The usual ratio of tabes between men and women is 3 to 1; locomotor ataxia with psychosis, 1.6 to 1. This shows that the relative frequency of psychical disturbance in female tabetics is greater than in men. Functional insanity (but not paresis) is more common in those tabetics which show an affection of the optic nerve and the nerves which regulate the pupillary accommodation; and furthermore in those patients who have marked consanguineous vesanity. Bornstein describes a patient who developed a clinical picture of tabes with optic involvement, who was subject to several attacks of mental disturbance. The psychosis was essentially of an hallucinatory nature. The patient reacted to auditory, visual, haptic hallucinations, and was disoriented, excited, confused and irritable. These mental symptoms rapidly subsided and the patient regained his normal equilibrium without insight. The author's conclusions are briefly as follows: (1) There are no specific foundations for a tabetic psychosis. (2) The most important symptoms of all functional, mental disorders, occurring in tabes, are hallucinations of all senses. (3) The psychical disturbance in tabes should not be considered as a complication of this disease process. (4) The frequent psycopathic symptoms in tabes usually arise from distinct somatic disturbances, as, for example, optic atrophy, paresthesia and other sensory anomalies. (5) Patients without a predisposition for mental disorders may have hallucinations without a true psychosis. On the other hand, those patients who have a distinct vesanic taint may develop different forms of psychoses, such as paranoia or depression.

F. J. CONZELMANN (New York).

THE NEURITIC TYPE OF PROGRESSIVE MUSCULAR ATROPHY. A CASE WITH MARKED HEREDITY. By Archibald Church (Chicago Medical Recorder, November, 1906).

The writer reports a case of the true peroneal type—extending through